

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Putnam

Township _____

Village _____

City Sedalia

(NO. _____)

CERTIFICATE OF DEATH

Registration District No. 668

File No. 40283

Primary Registration District No. 3032

Registered No. 381

St.; _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Theodore Franklin Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

COLOR OR RACE

W

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH

Oct 21 / 1906
(Month) (Day) (Year)

AGE

7 yrs. 2 mos. 8 ds.
If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Mo

PARENTS

NAME OF FATHER

O. J. Williams

BIRTHPLACE OF FATHER

Mo

MAIDEN NAME OF MOTHER

Rutha Rosa

BIRTHPLACE OF MOTHER

Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

O. J. Williams

(ADDRESS)

135 E. Boonville St.

Filed

Dec 29 1913

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Dec 29, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 26, 1913, to Dec 29, 1913, that I last saw him alive on Dec 28, 1913, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

181 Burns

Self inflicted 8 times with folding chair
(Duration) ____ yrs. ____ mos. 3 ds.

Contributory (SECONDARY)

Duration ____ yrs. ____ mos. ____ ds.

(Signed)

Frank R. Munley M. D.

Dec 29 1913 (Address) Sedalia Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former, or usual residence

PLACE OF BURIAL OR REMOVAL

Versailles Mo

DATE OF BURIAL

12/30, 1913

UNDERTAKER

Sedalia Undert Co

ADDRESS

Sedalia Mo

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County

Township

or

Village

or

City

Registration District No.

File No.

Primary Registration District No.

Registered No.

(NO.)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX COLOR OR RACE SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word)

DATE OF BIRTH

(Month) (Day) (Year)

AGE

IF LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employed)

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

1911, 1911, to 1911, 1911

that I last saw him alive on

and that death occurred, on the date stated above, at

THE CAUSE OF DEATH was as follows:

Contributory

(SECONDARY)

(Signed)

(Address)

M. D.

State the Disease Causing Death, or its details from Vital Causes, state (1) Region of Injury; and (2) whether Accidental, Sudden or Fatal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed

1911

REGISTER